

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

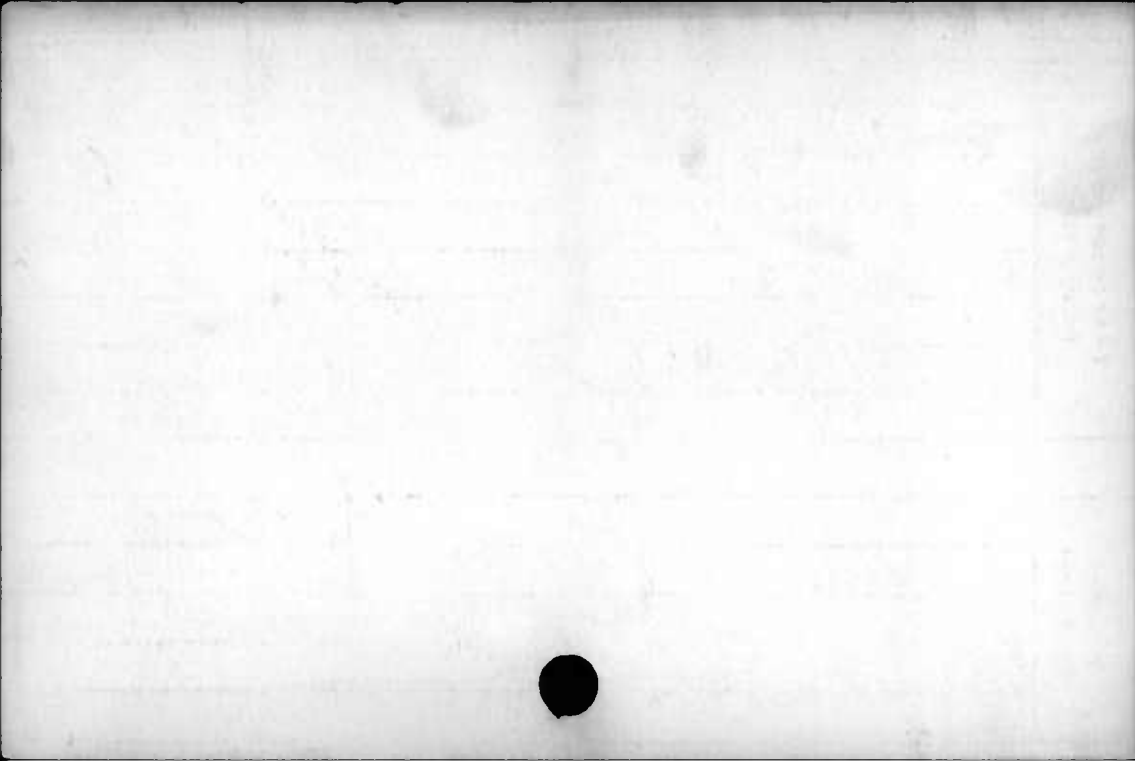
Died at <i>Barton</i> ^{Town}		County <i>Allegany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>16</i>	Age <i>64</i>	Years <i>64</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smearing</i>		
Occupation <i>Miner</i>			Where Residing if not at place of death <i>Smearing</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jessie Mink (deceased)</i>				
Father's Name <i>Samuel Ayers</i>	Father's Birthplace <i>Smearing</i>		Mother's Birthplace <i>Allegany Co.</i>		
Mother's Maiden Name <i>Maria Potter</i>	Name of person giving information <i>Wm. L. Ayers</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>6 weeks ill -</i>
Immediate <i>Heart failure</i>	How long <i>Short time -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. O. Bullock M.D.</i>
	Address <i>Smearing</i>
Accident or Suicide? <i>no</i>	<i>Mangled</i>



Name
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CERTIFICATE OF DEATH

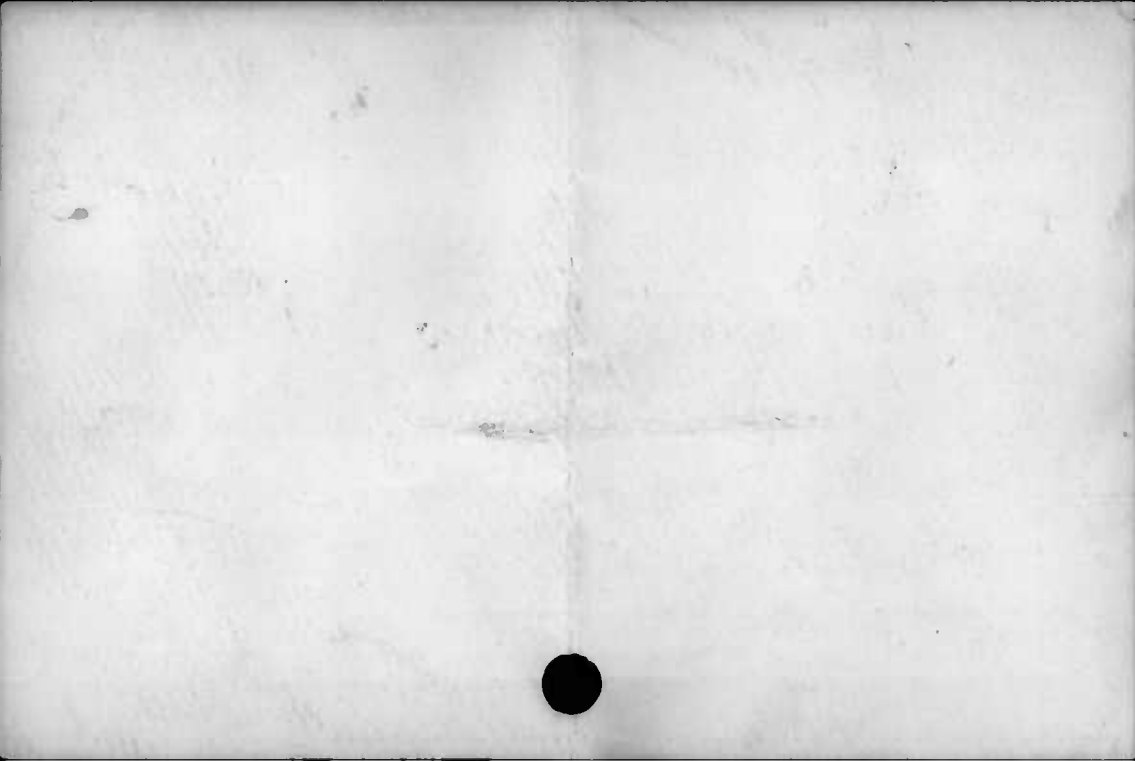
Died at <i>Lonaconing</i> Town		<i>allegany</i> County		MARYLAND	
Date of death	190 <i>7</i> June	Day	<i>25</i>	Age	<i>17</i>
Sex	<i>White</i>	Color or Race		Birth-place	<i>Midland</i>
Occupation	<i>Miner</i>		Where Residing if not at place of death <i>Ligonore</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Lenox M Beamann</i>			Father's Birthplace	<i>Lonaconing</i>
Mother's Maiden Name	<i>Rochel S. Ross</i>			Mother's Birthplace	<i>Miller Mine</i>
Name of person giving information	<i>Mr. Martha M. Beamann</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Mine accident -</i>	How long	<i>Killed instantly</i>
Immediate	<i>rock broken by fall of roof in mine</i>	How long	<i>7</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. H. Martz Coroner</i>
		Address	<i>Greenfield Md</i>
Accident or Suicide?	<i>Accidental</i>		



Name
in
Full

CERTIFICATE OF DEATH

Margery Beaman
Town County

MARYLAND

Died at *Midland Kent Allegany*

Date of death 1907 *June 30 Sunday* Age *10* Months *3* Days *21*

Sex *Female* Color or Race *White* Birth-place *Midland Kent*

Married, Single or Widowed *Single* Occupation *(School Girl)*

Name of Wife or Husband *(Hester Beaman & Samuel Beaman)*

Father's Name *Sam Beaman* Father's Birthplace *Midland Kent.*

Mother's Maiden Name *Hester Beaman* Mother's Birthplace *Wales.*

Name of person giving information *Samuel Beaman* How related to deceased *Father*

CAUSES OF DEATH

(61)

Primary *Cerebro Spinal Meningitis* How long *Six Weeks*
Immediate *Inanition* How long *6 days and 2 nights*

Are the name, age, sex, color, date and place correctly given above? *Yes*

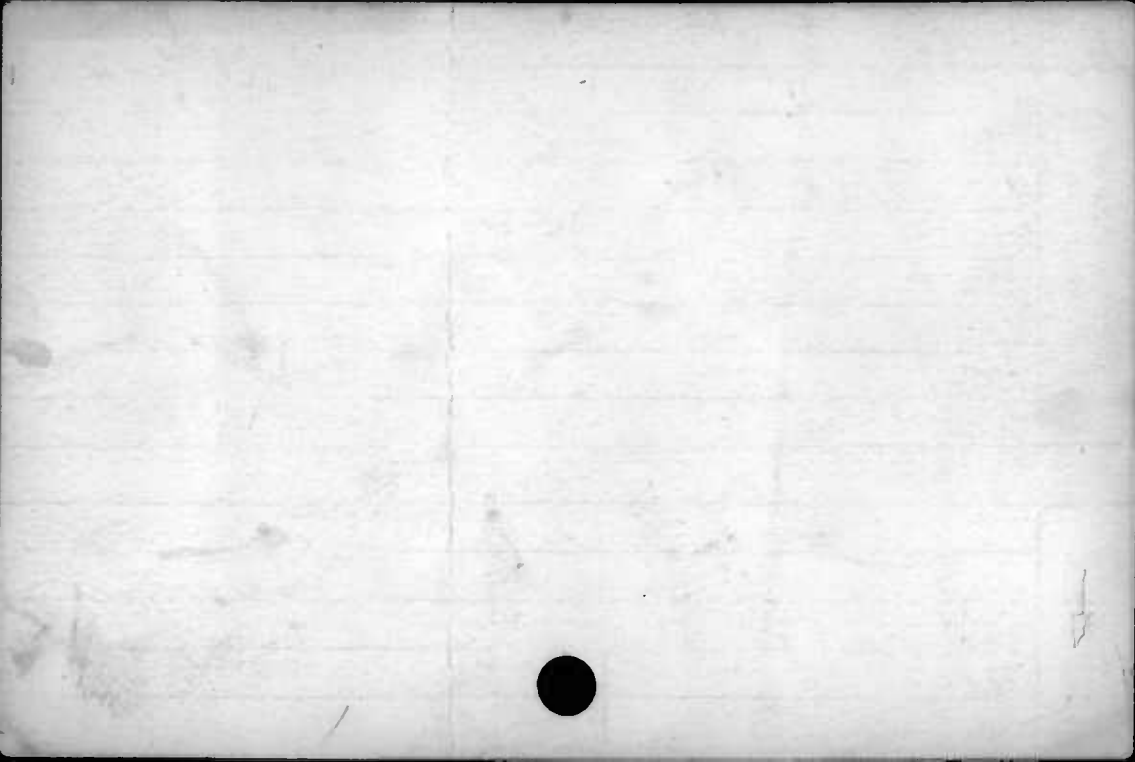
Signature of Physician *Dr. J. White.*

Address *National Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

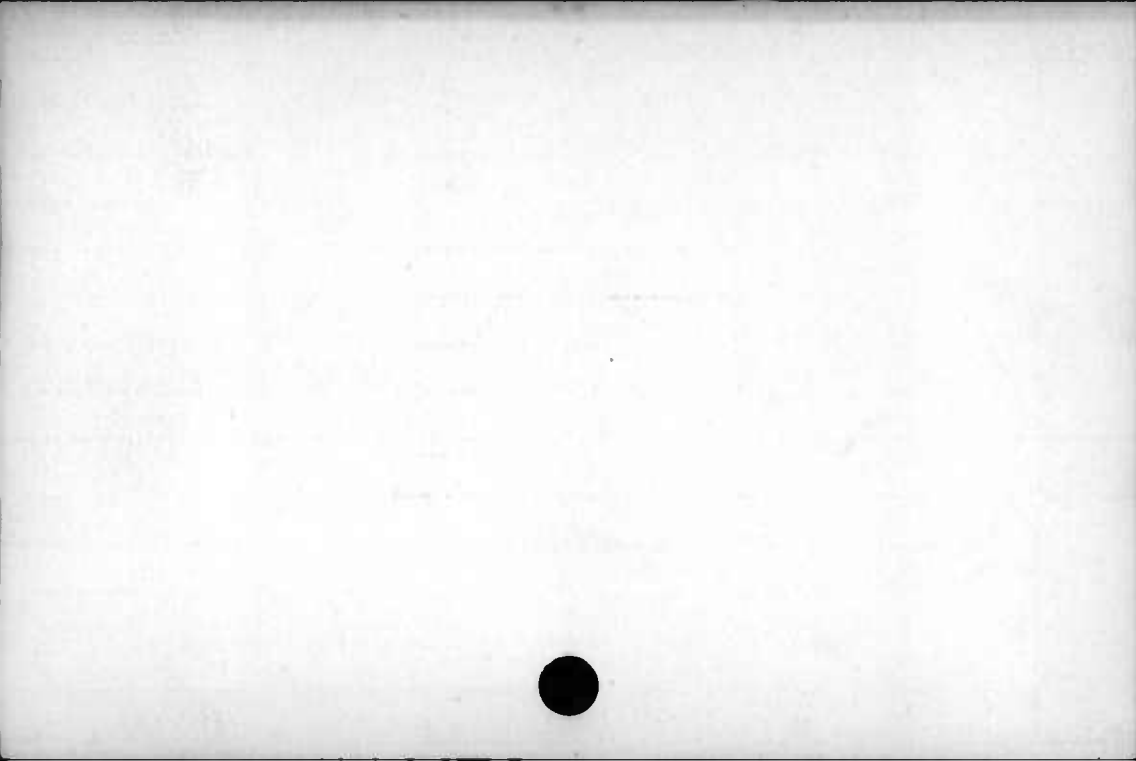
Died at <i>St. Ambrose</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>21</i>	Age <i>—</i>	Months <i>3</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Jno V Broski</i>			Father's Birthplace <i>Poland</i>		
Mother's Maiden Name <i>Julia</i>			Mother's Birthplace <i>Poland</i>		
Name of person giving information <i>Jno V Broski</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Intoxication</i>	How long <i>1 da</i>
Immediate <i>Convulsion + meningitis</i>	How long <i>1 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Braden MD</i>
	Address <i>St. Ambrose Ind.</i>
Accident or Suicide?	



Name
in
Full

Davis

CERTIFICATE OF DEATH

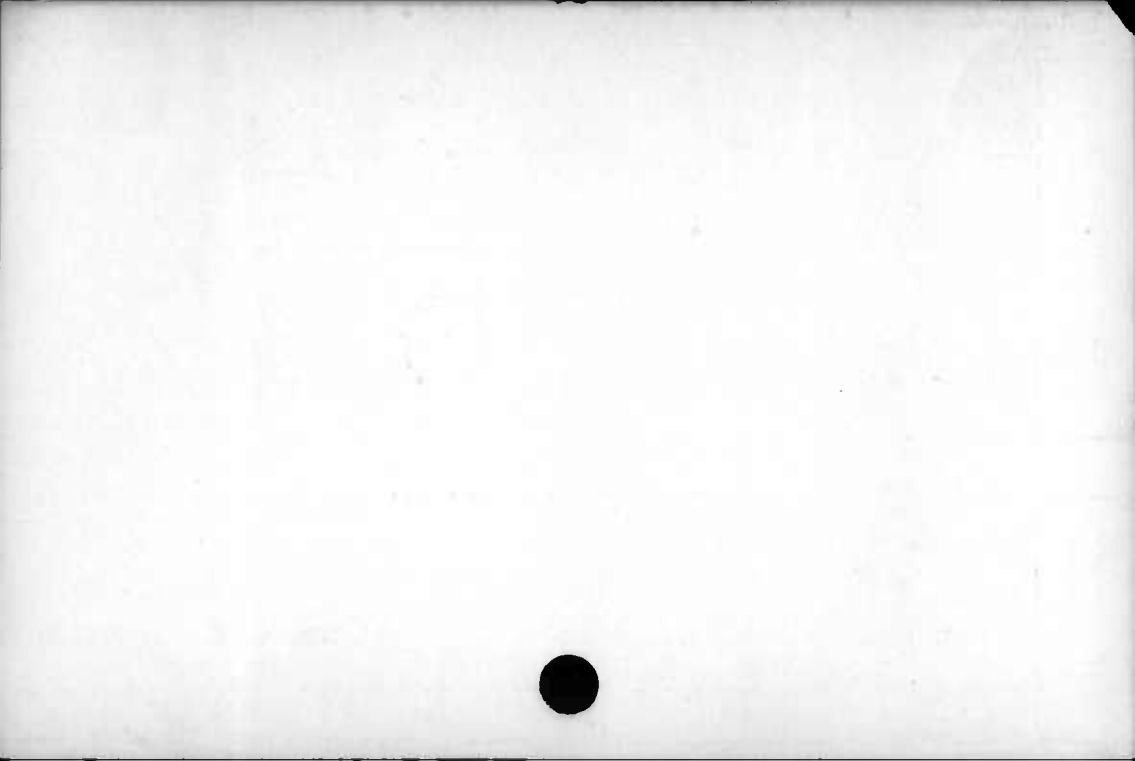
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclaville</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>28</i>	Age <i>Yrs</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Barclaville</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geny Davis</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Alice Lawson</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>F. A. E. Murray M.D.</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillbirth</i>	How long	<i>6 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. A. E. Murray M.D.</i>	
		Address <i>W. Va. - Savage</i>	
Accident or Suicide?			



Name
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Thomas E Doyle

CERTIFICATE OF DEATH

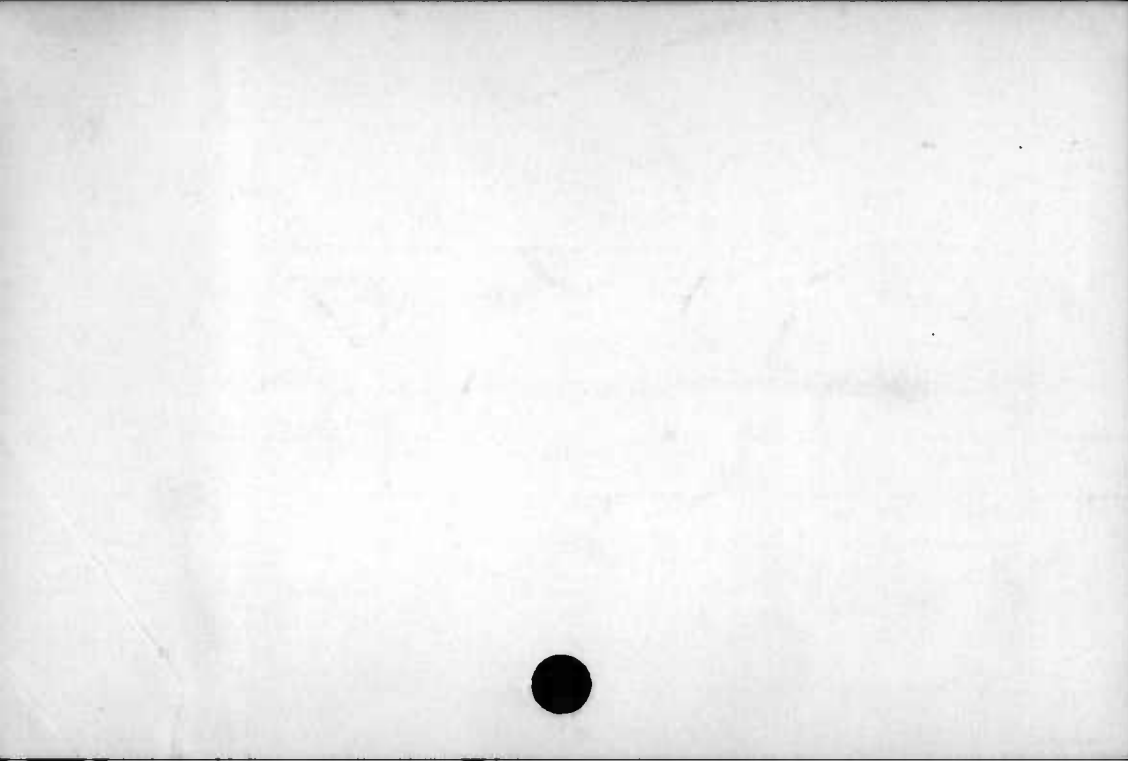
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	June	Day	16	Years	33
Sex	male	Color or Race	White	Months	3	Days	-
Birth-place	<i>Cumberland</i>						
Occupation	<i>R.R. Employee</i>			Where Residing if not at place of death <i>31 Md ave</i>			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>-</i>			
Father's Name	<i>Edward Doyle (dead)</i>				Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name	<i>Julia Dolin</i>				Mother's Birthplace <i>W. Va</i>		
Name of person giving information	<i>Julia Doyle</i>				How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syphilis</i>	How long	<i>2 yrs</i>
Immediate	<i>Paralysis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. F. Swigg</i>
Address	<i>W. Va</i>		
Accident or Suicide?	<i>No</i>		



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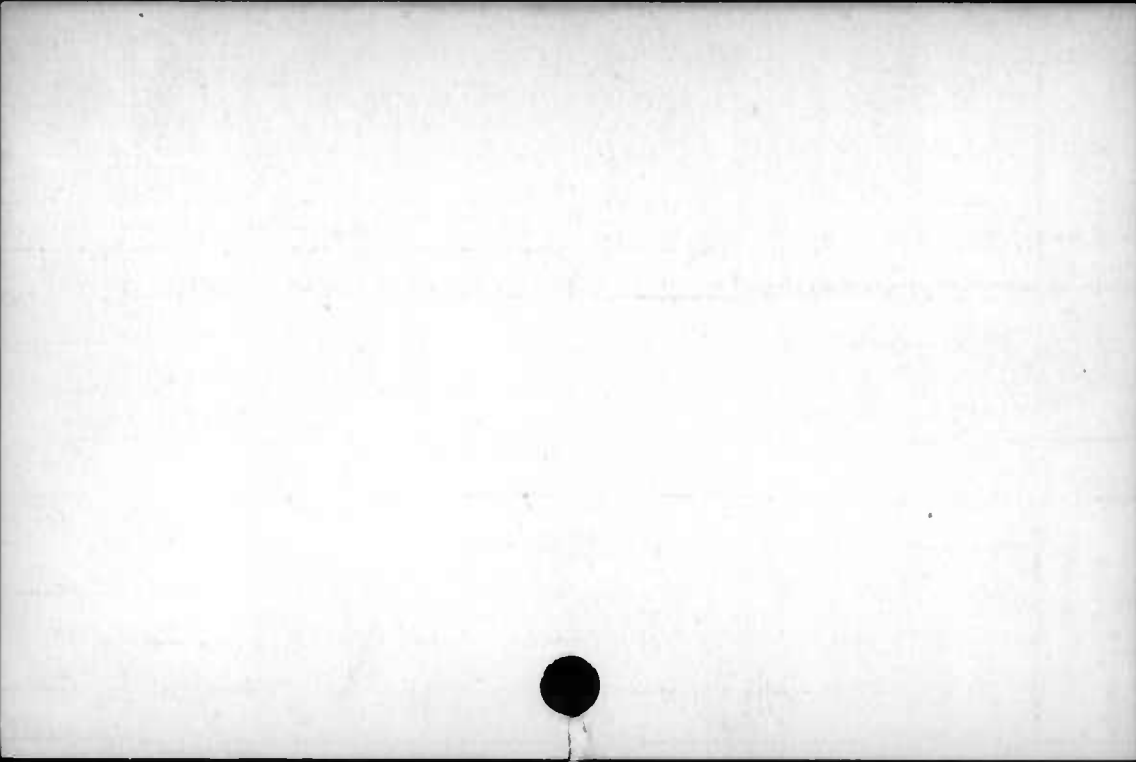
Died at <i>Longcoming</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>15</i>	Age <i>6</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Annie Woods</i> Husband				
Father's Name <i>Henry Drolin</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Bernard Woods</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>Six Months</i>
Immediate <i>Abdominal Ascites & Inflammation</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W R Skilling</i>
	Address <i>Longcoming,</i>
Accident or Suicide? <i>No</i>	



Name
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Michael E Diehl

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Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1907	Month	June	Day	26
		Age	41	Years	
Sex	Male	Color or Race	White	Birth-place	Bedford Co Pa
Occupation	Painter Manufacturer		Where Residing if not at place of death 189 Green St		
Married, Single or Widowed	Married	Name of Wife or Husband	Lucinda M. Diehl		
Father's Name	Andrew Diehl		Father's Birthplace	Pa	
Mother's Maiden Name	Cathrine Beltz		Mother's Birthplace	Pa	
Name of person giving information	Lucinda M Diehl		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burns	How long	18 hours
Immediate	Ureemia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J R Hodge M.D.
	Sanctuary	Address	Cumberland
Accident or Suicide?	Accident		

Buffalo Mine

Buffalo Co.

Frank M. M. M.

Name
in
Full

Clara Dremming

CERTIFICATE OF DEATH

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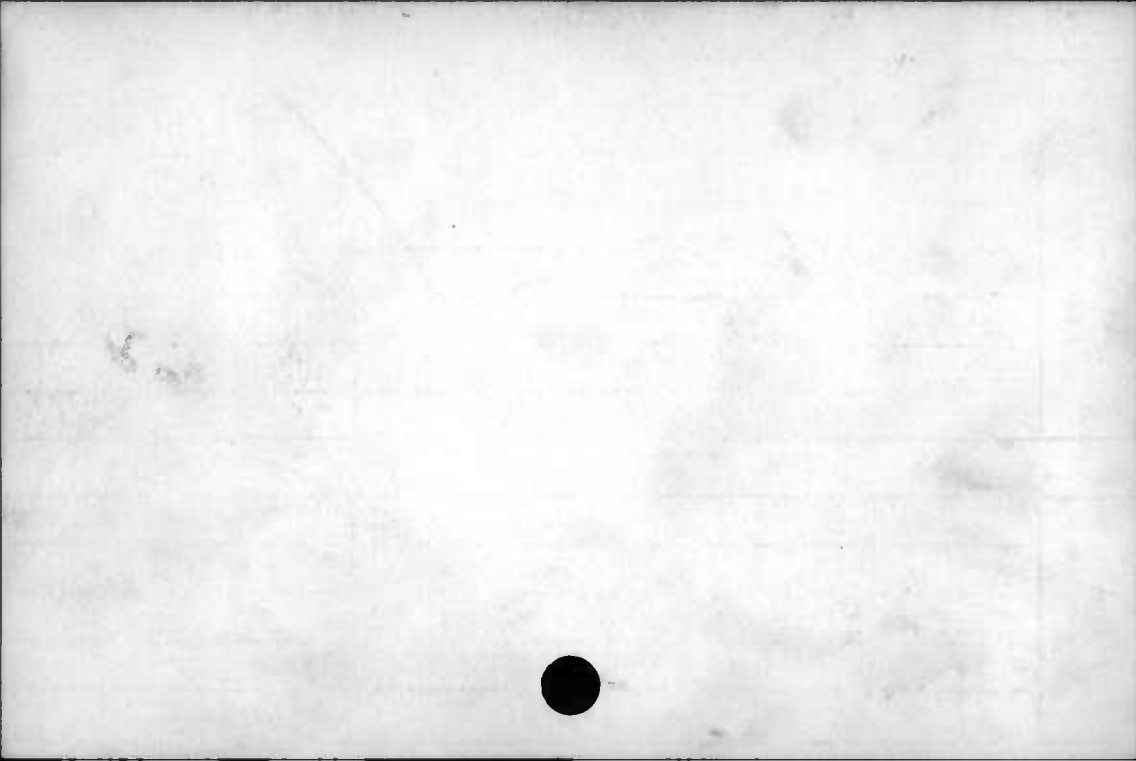
Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>June</u> <small>Day</small> <u>26</u>		Age <u>45</u> <small>Years</small>		<u> </u> <small>Months</small> <u> </u> <small>Days</small>	
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Keyser W. Va</u>	
Occupation <u>House Keeper</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>John Dremming</u>			
Father's Name <u>Roland Trenter</u>		Father's Birthplace <u>W. Va.</u>			
Mother's Maiden Name <u>Catherine Davis</u>		Mother's Birthplace <u>W. Va.</u>			
Name of person giving information <u>John Dremming</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

(42)

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of uterus</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>3 wks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. L. Owens M.D.</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Anna Dorothy Finkelder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Sary</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>77</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Cumberland Ind.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John C Finkelder</i>				
Father's Name <i>Fred Wm Birkenhauer</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Elizabeth Wangel</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Louisa Frost</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Alan S. Murray</i>
	Address <i>Mt Sary Ind</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Lewis Ponton
Died at *Cumtland* Town *Alleghany* County
Date of death *1907* Month *June* Day *27* Age *Years* Months *Days* *2*
Sex *Female* Color or Race *White* Birth place *W.D.*
Occupation *none* Where Residing if not at place of death *none*
Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *Lewis Ponton* Father's Birthplace *New Orleans*
Mother's Maiden Name *Rose N Whitney* Mother's Birthplace *W.D.*
Name of person giving information *Lewis Ponton* How related to deceased *Father*

CAUSES OF DEATH

(104)

PHYSICIAN
OR CORONER

Primary *acute Intoxication* How long *3 hrs*
Immediate *Exhaustion from punishment* How long *half hr*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C L Owens M.D.*
Steele Address *Cumtland W.D.*
Accident or Suicide? *Owens*

North Mountain West Va
Berkeley County

1201 $\frac{1}{2}$ Lexington ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Walter Prady

Died at Green Town Alle County

MARYLAND

Date of death 1907 Month June Day 6 Age — Years Months Days

Sex Male Color or Race White Birth-place Ind.

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Walter Prady (8) Father's Birthplace West Va

Mother's Maiden Name Viola Gerselman Mother's Birthplace Ind

Name of person giving information Viola Prady How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

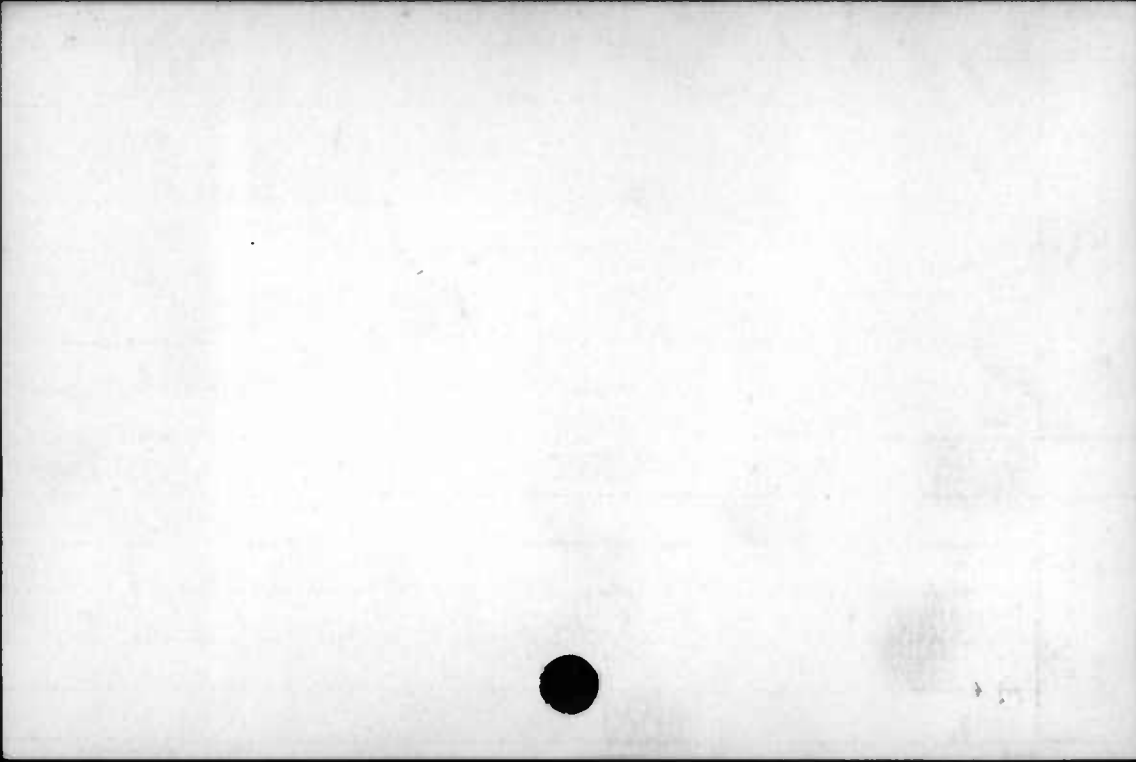
Primary (8) How long

Immediate Premature Birth How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Thomas W. Koon

seen Address Greenland Ind

Accident or Suicide? —



Name
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Francis M Frey

CERTIFICATE OF DEATH

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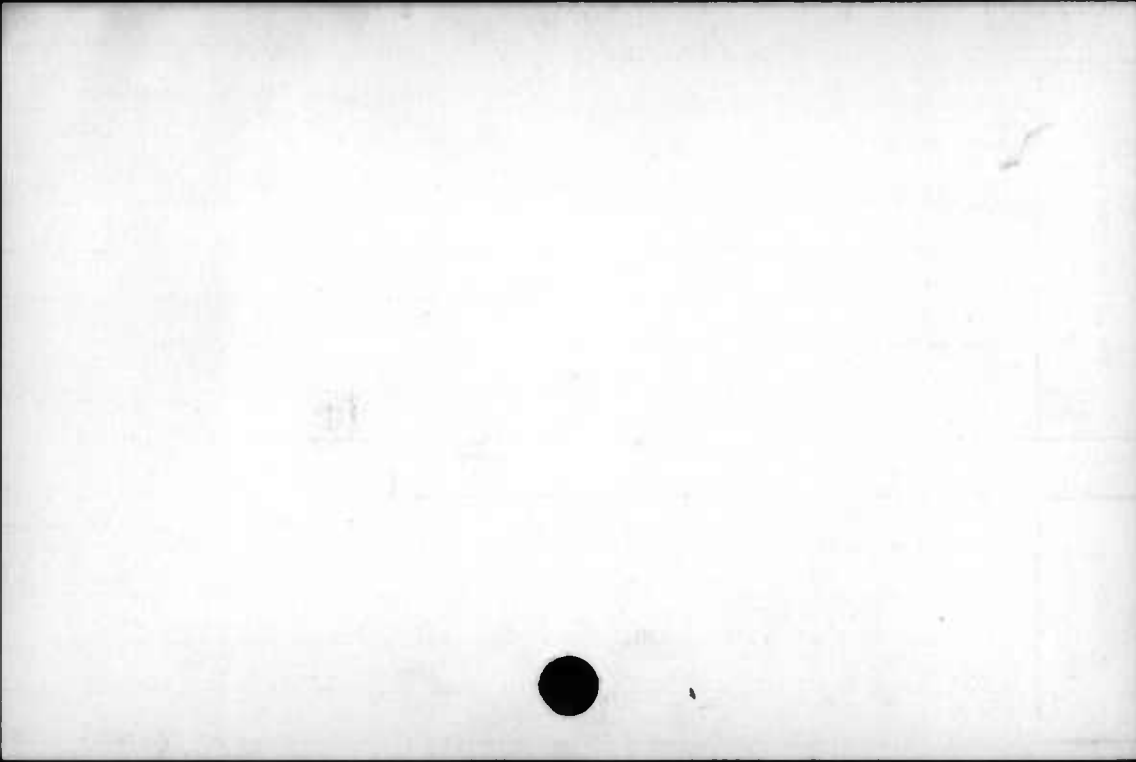
Died at <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>13</i>	Age <i>11</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mt Lake Park</i>			
Occupation <i>mm</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>James W Frey</i>	Father's Birthplace <i>N. Va</i>				
Mother's Maiden Name <i>Maudie Paris</i>	Mother's Birthplace <i>N. Va</i>				
Name of person giving information <i>Maudie Frey</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

96

PHYSICIAN
OR CORONER

Primary <i>Gangrene of Lungs</i>	How long <i>3 Week</i>
Immediate <i>Septicemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E B Claybrook MD</i>
	Address <i>St Elizabeths</i>
Accident or Suicide? <i>Seem</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Getson</i>		Town <i>Corryville</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Corryville</i>		Month <i>June</i>		Day <i>19</i>		Age <i>57</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>19</i>		Age <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Peterbrink</i>					
Father's Name <i>dead</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>dead</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Alvin Crabtree</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>	How long <i>1 yr.</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Carl Smith</i>	
	Address <i>Cumberland Md.</i>	
Accident or Suicide? <i>No</i>		

01701101112

Name in Full		Town				County		CERTIFICATE OF DEATH			
John Guthrieage		munderland				Accray		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
1907		June		27		—		—		—	
Sex		Male		Color or Race		White		Birth-place		Bund-d.	
Occupation		none		Where Residing if not at place of death		—					
Married, Single or Widowed		Single		Name of Wife or Husband		none					
Father's Name		R H Guthrieage		Father's Birthplace		Md					
Mother's Maiden Name		Ella Bryant		Mother's Birthplace		Pa					
Name of person giving information		R H Guthrieage		How related to deceased		Father					
CAUSES OF DEATH											
Primary		Cholera infant & Spasm						How long		7 Days 6	
Immediate		Heart Failure						How long		4 hrs.	
Are the name, age, sex, color, date and place correctly given above?		yes.						Signature of Physician		F. L. Barkdole MD	
Accident or Suicide?		No						Address		S. Bundland	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(105)

Saxton Pa

Name
in
Full

Isabella Rea Hixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Cumberland		Cecunary		Co		MARYLAND	
Date of death	190	7	6-	18	Age	70	
Sex	Female	Color or Race	White	Birth-place	Adiz	Months	Days
Occupation	House Wife	Where Residing if not at place of death		Cumberland Md.			
Married, Single or Widowed	Single	Name of Wife or Husband		Anderson Hixon			
Father's Name	James Rea	Father's Birthplace		Adiz, O.			
Mother's Maiden Name	Jane Chambers	Mother's Birthplace		Unknown			
Name of person giving information	Anderson Hixon	How related to deceased		Husband			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Angina pectoris	(80)	How long	a few hours
	Immediate	Brain		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	R. W. Miley
				Address	Cumberland Md.
Accident or Suicide?					

Dr. W. W. W. L. y.
" Hawkins,

Name
in
Full

CERTIFICATE OF DEATH

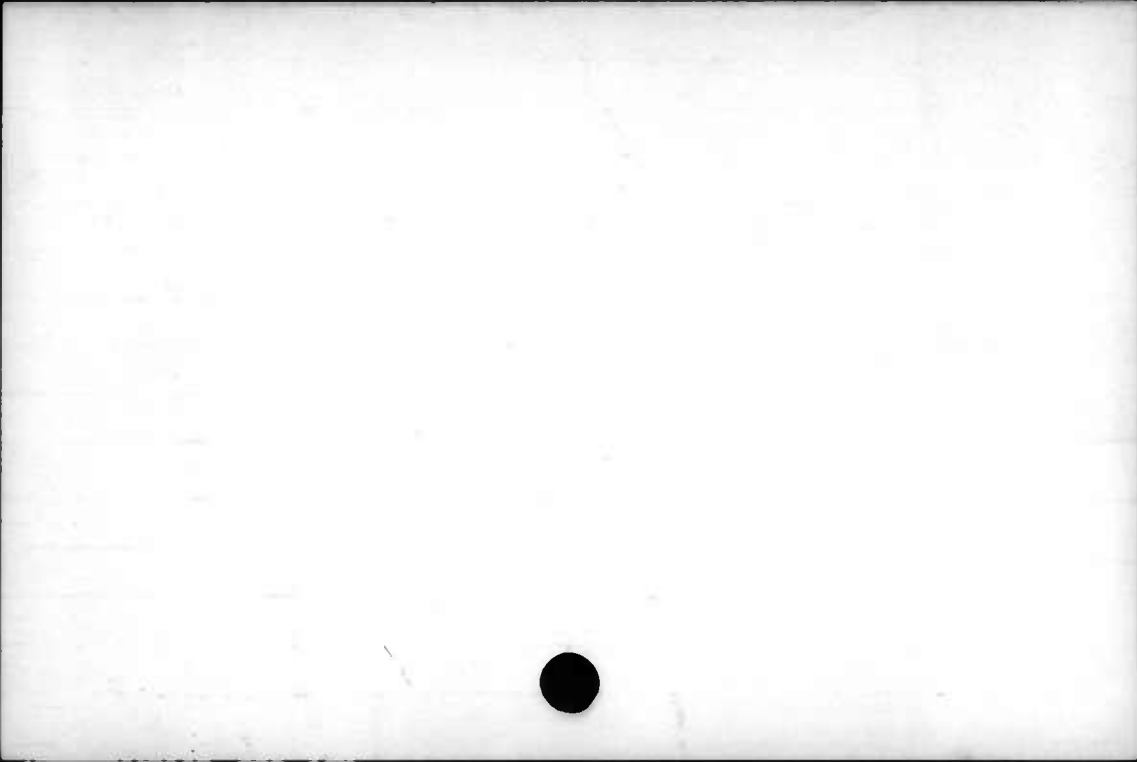
TO BE ANSWERED BY
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Name Hester, Hauff County Allegany
 Died at Mt Savage Town Allegany
 Date of death 190 7 Month 6 Day 2 Age 2 Years 6 Months 6 Days 6
 Sex Female Color or Race White Birth-place Mt Savage
 Married, Single or Widowed Child Occupation None
 Name of Wife or Husband _____
 Father's Name Isaac Hauff ✓ Father's Birthplace _____
 Mother's Maiden Name Bennett Mother's Birthplace _____
 Name of person giving information _____ How related to deceased Artimus ^{bro.}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis (92) How long one week
 Immediate Pneumonia How long 36 hours
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. L. Smith
 Address Ellerslie
Md
 Accident or Suicide? _____



Name

in Full

George W. Hughes

CERTIFICATE OF DEATH

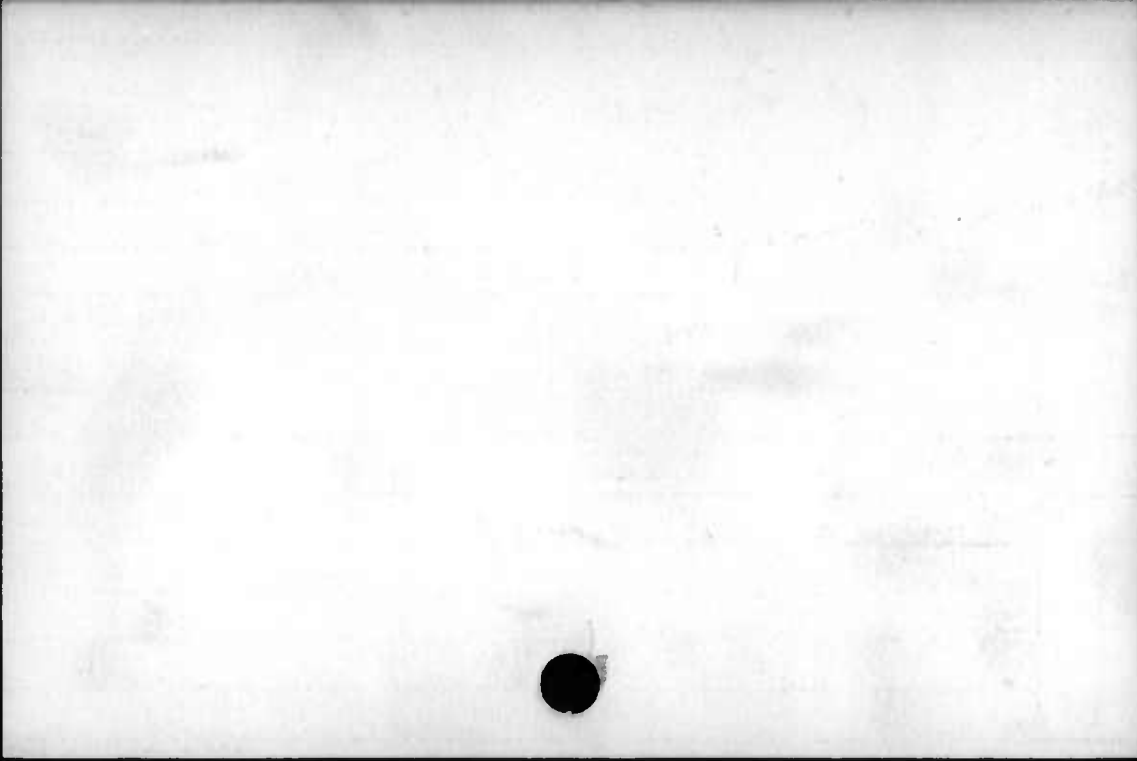
TO BE ANSWERED BY
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Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	20	83			
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Bricklayer		Where Residing if not at place of death		314 N Mechanist		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Dont Know			
Father's Name	dont know					Father's Birthplace	—
Mother's Maiden Name	dont know					Mother's Birthplace	—
Name of person giving information	Joseph Hughes					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	(64)	How long
Immediate	Apoplexy		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr E B Claybrooke
		Address	Cumberland
Accident or Suicide?	Stent		Claybrooke Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

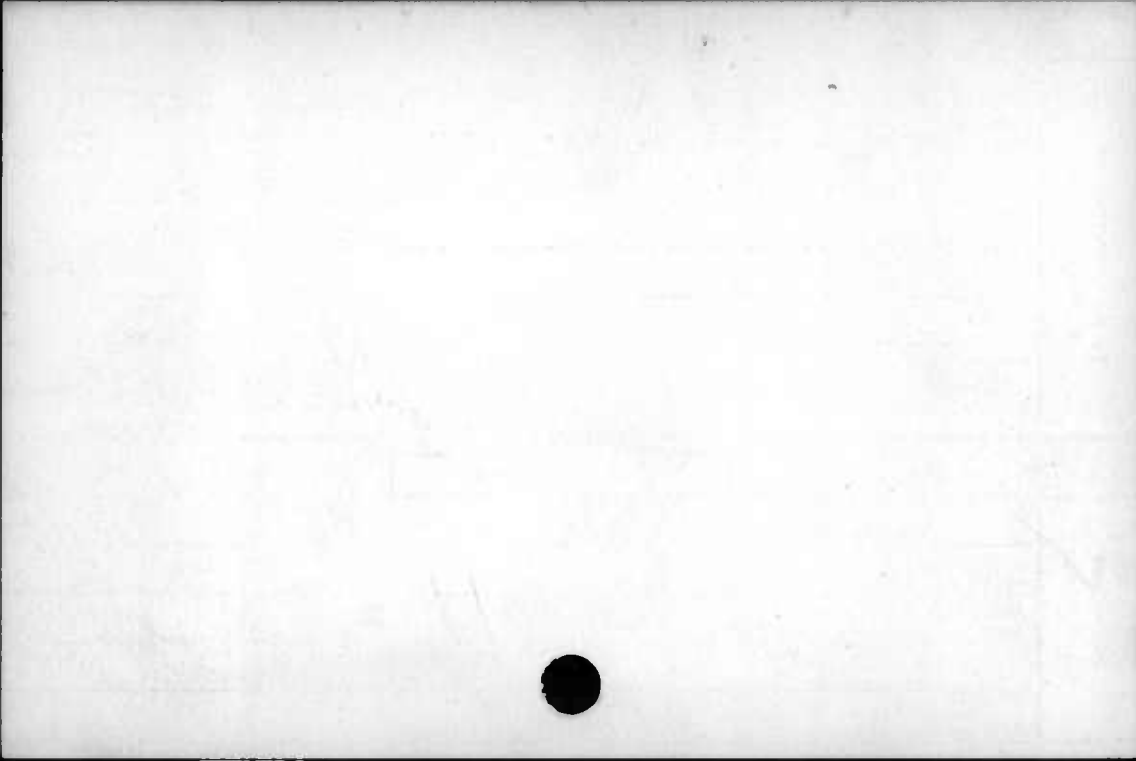
Died at <i>Cumtad.</i>		County <i>Accagey</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>16</i>	Age <i>one</i>	Months <i>—</i>	Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumtad</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Hilleary Kight</i>			Father's Birthplace <i>Hager W. Va</i>		
Mother's Maiden Name <i>Barbara Becker</i>			Mother's Birthplace <i>Washington DC</i>		
Name of person giving information <i>Hilleary Kight</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

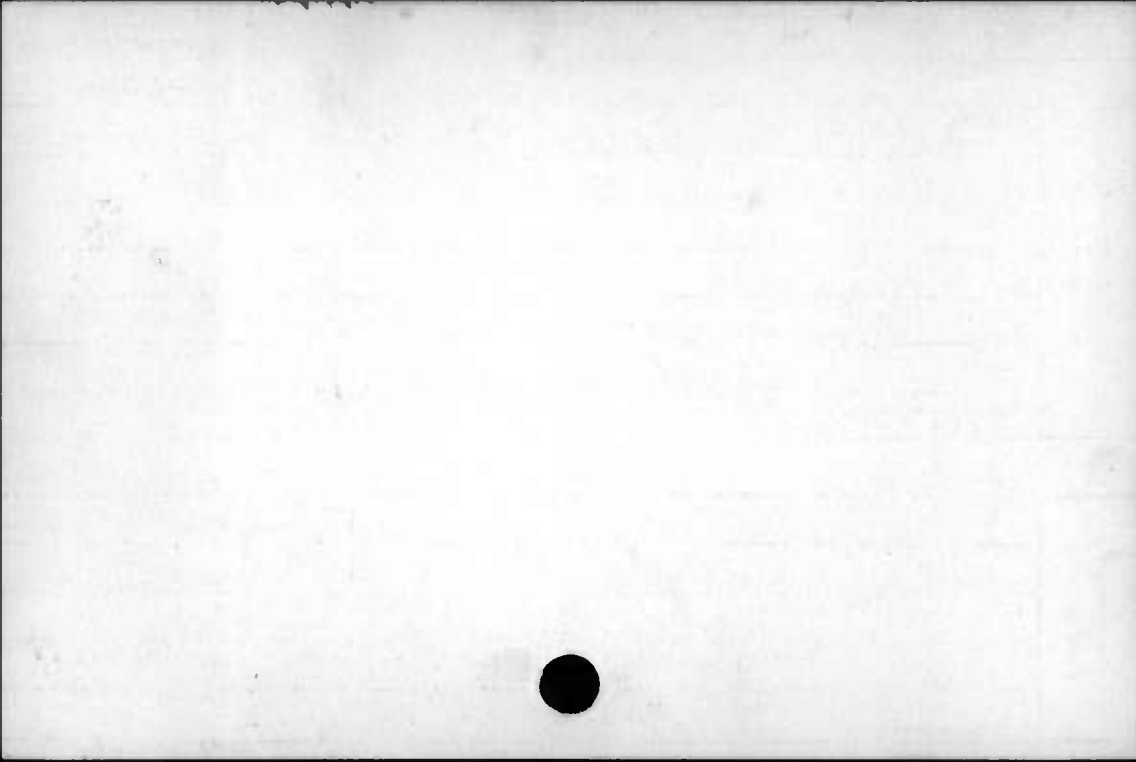
(61)

PHYSICIAN
OR CORONER

Primary <i>Spinal Meningitis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos Koon</i>
<i>stern</i>	Address <i>Cumberland Koon Md.</i>
Accident or Suicide?	



Name in Full J. S. Koerner		CERTIFICATE OF DEATH			
Died at Cumberland Town		Alleghany County		MARYLAND	
Date of death 1907		Month June	Day 10	Age 55 Years	Months —
Sex Male		Color or Race White		Birth-place Pa	
Occupation Carpenter		Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Sue G. Koerner			
Father's Name Joseph Koerner		Father's Birthplace Pa.			
Mother's Maiden Name Elizabeth Dawson		Mother's Birthplace W. Va			
Name of person giving information Koerner		How related to deceased Wife			
CAUSES OF DEATH					
Primary Bright's Disease		How long 3 mo.			
Immediate Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. A. Leo Franklyn			
Address Stein		Address Cumberland Md.			
Accident or Suicide?					



Name
In
Full

Margarette Lee

CERTIFICATE OF DEATH

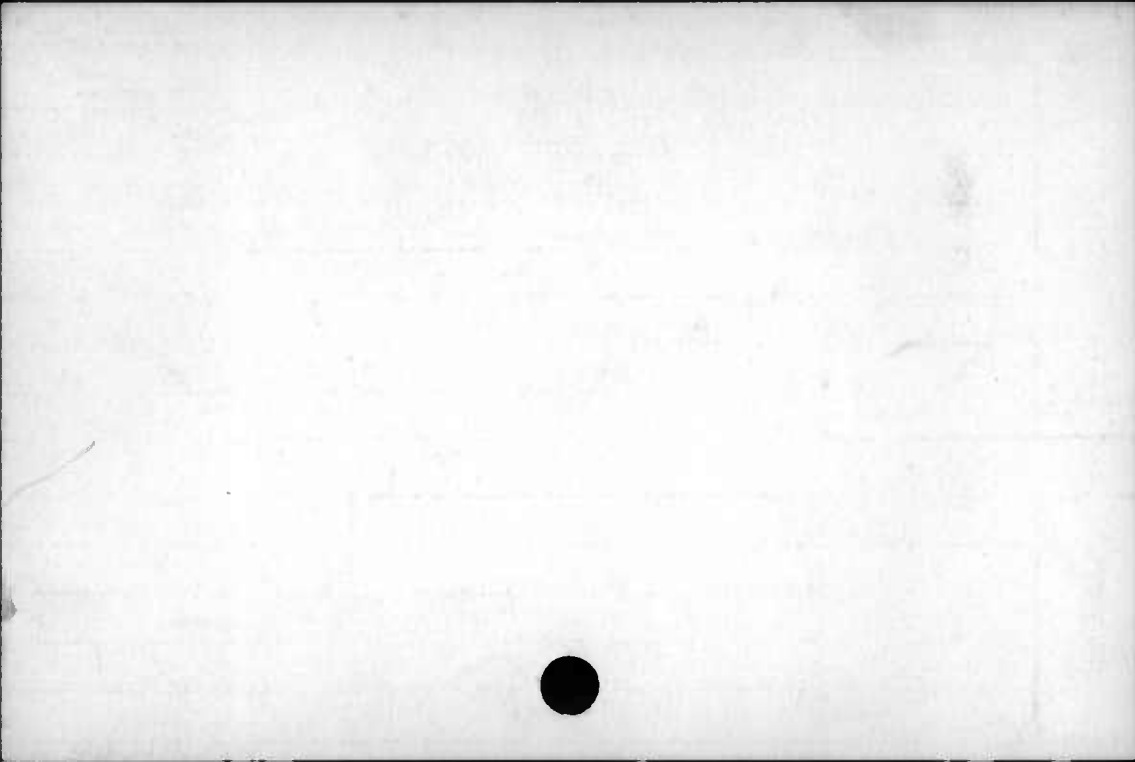
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtob</u> Town		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>2</u>	Age <u>84</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>old Town Md</u>		
Occupation <u>Retiree</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Silas Lee</u>				
Father's Name <u>James Harris</u>	Father's Birthplace <u>va</u>				
Mother's Maiden Name <u>Sophia Barnes</u>	Mother's Birthplace <u>va</u>				
Name of person giving information <u>Mattie Montgomery</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>Some years</u>
Immediate <u>Exhaustion</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. S. Burke</u>
<u>Swain</u>	Address <u>Cumtobland Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Ella Margrett Leo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>3</i>	Age <i>17</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Occupation <i>Clerk</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Patrick Leo</i>			Father's Birthplace <i>Cumhd</i>		
Mother's Maiden Name <i>Mary Koldamann</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mary Leo</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Acute Meningitis</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. E. Wilson</i>
<i>stem</i>	Address <i>Cumberland</i>
Accident or Suicide?	<i>92nd</i>

Holdarmanne

Name
in
Full

CERTIFICATE OF DEATH

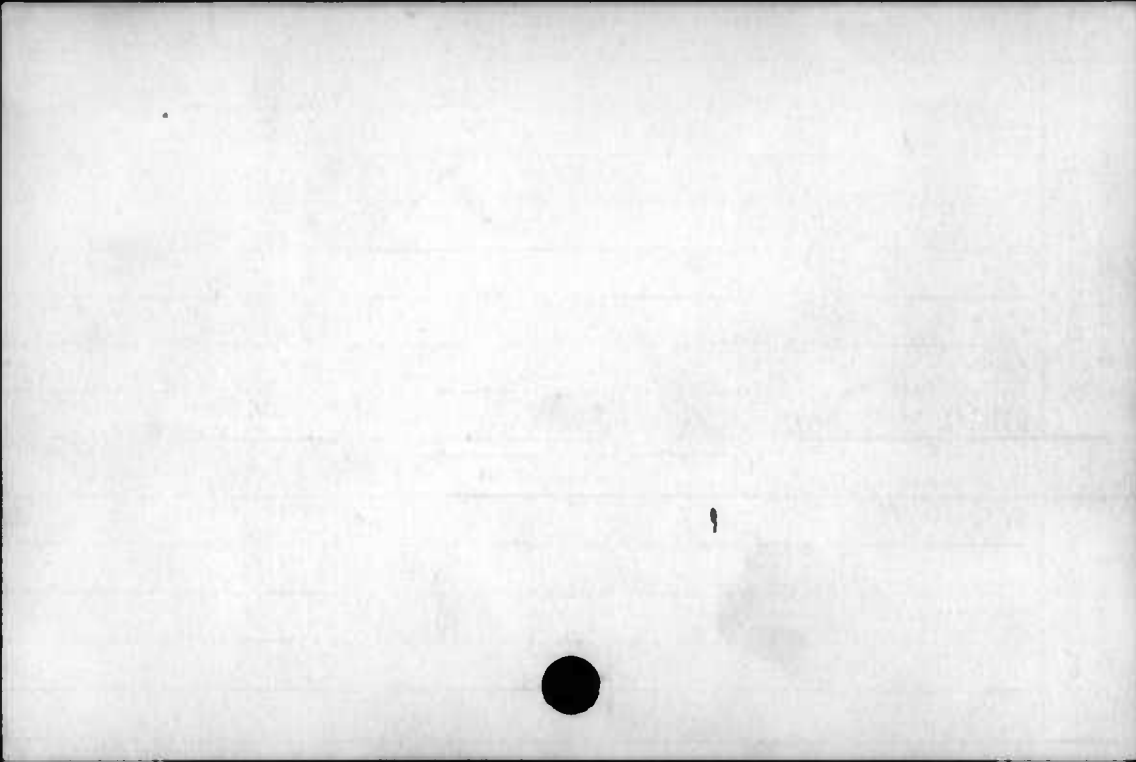
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>infant - Clarence Lewis</i>		Town <i>Baltimore</i>		County <i>Accrigan</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>June</i>		Day <i>9</i>		Age Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Canada</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clarence Lewis</i>		Father's Birthplace <i>va</i>		<i>(8)</i>			
Mother's Maiden Name <i>Ida Lewis</i>		Mother's Birthplace <i>va</i>					
Name of person giving information <i>Frank Sims</i>		How related to deceased <i>None.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>6 1/2 mos</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Surgeon Francis</i>	
<i>sent</i>		Address <i>63 W. Mechanic St.</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

William M^c Mahon M^c Kaig
 Died at Camberland Town Uccugany County
 Date of death 190 7 Month 6 Day 6 Age 62 Years Months — Days —

Sex MaleColor or
RaceWhiteBirth-
place

Occupation

LawyerWhere Residing if not
at place of deathCambl^d Md.Married, Single
or WidowedName of Wife or
HusbandFather's
NameRobert S. McKaigFather's
BirthplaceHyndstone, P.Mother's
Maiden NameSarah M^c MahonMother's
BirthplaceCamberlandName of person giving
In formationMerwin McKaigHow related
to deceasedCousin

CAUSES OF DEATH

Primary

Parasitis
Exhaustion

How long

2 yrs

Immediate

How long

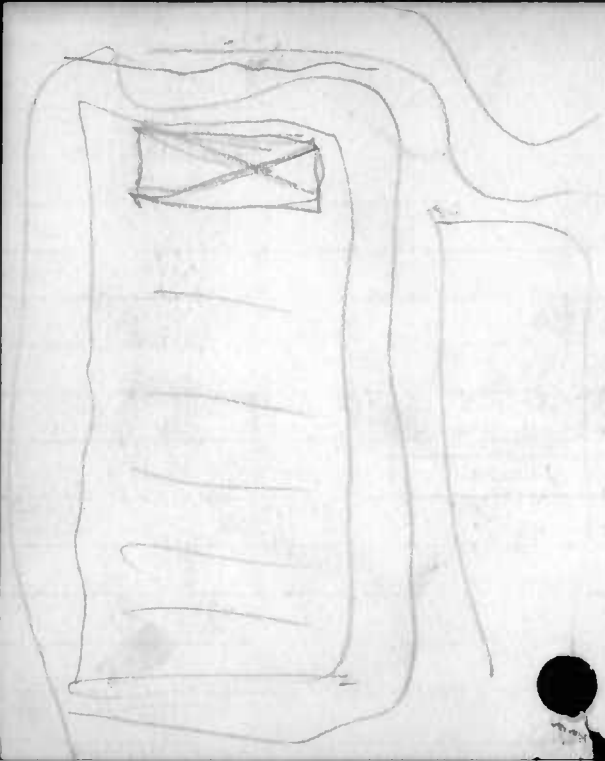
Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

James J. Johnson, M.D.
Camberland Md.

Accident or Suicide?

—



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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Marley*

Died at *Lincolnton* Town *Allegheny* County

Date of death *1907* Month *June* Day *25* Age *2* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Crestonport*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Daily*

Father's Name *Thomas Marley* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary A. M. C. Portland* Mother's Birthplace *England*

Name of person giving information *Michael Marley* How related to deceased *Brother*

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary *Acute Articular Rheumatism* How long *3 weeks*

Immediate *Meningitis* How long *8 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. D. Skilling*

Address *Lincolnton*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

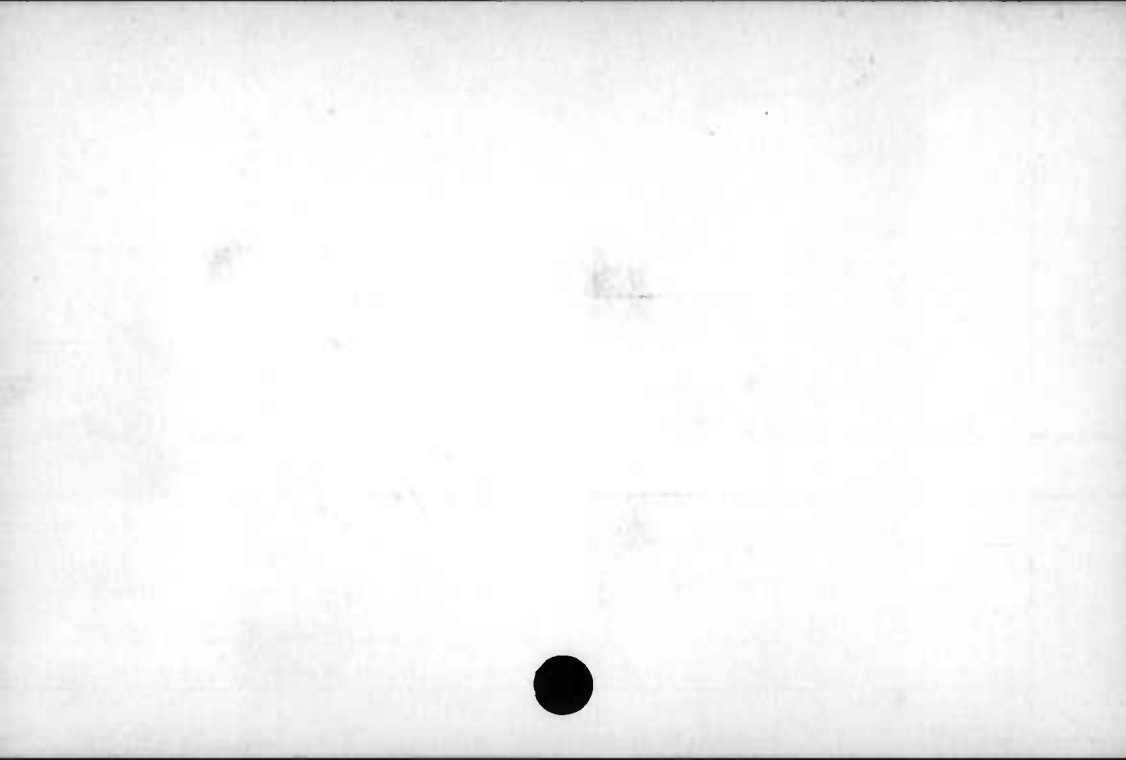
Died at <i>Lonaconing</i> ^{Town}		<i>Alligum</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>16</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John A. Metz</i>	Father's Birthplace <i>Lonaconing</i>		Mother's Birthplace <i>Barton</i>		
Mother's Maiden Name <i>Margaret Lashbaugh</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Leonard Metz</i>					

CAUSES OF DEATH

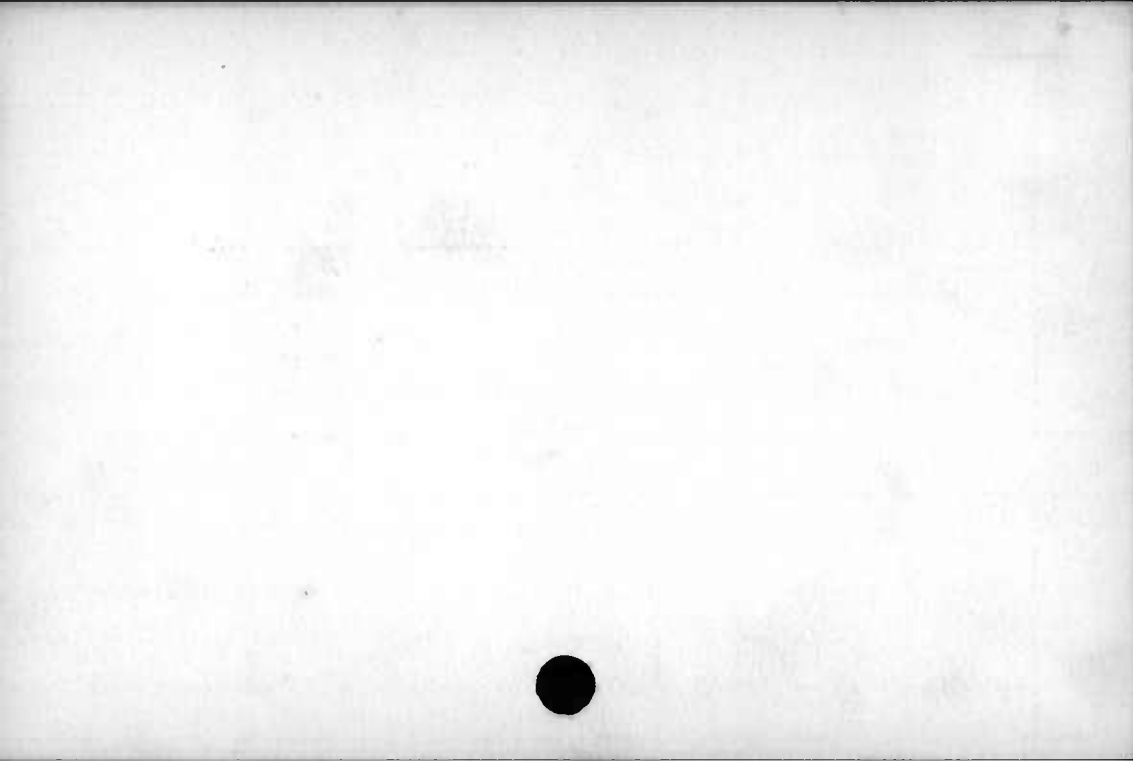
105

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>One week</i>
Immediate <i>Inanition</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. O. Skilling M.D.</i>
<i>Yes</i>	Address <i>Lonaconing</i>
Accident or Suicide? <i>Yes</i>	



Name in Full		Catherine Purinton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1907		June	27	Age 23 -	-	-
	Sex		Color or Race		Birth-place		
	Female		White		Frostburg, Md		
	Occupation		Where Residing if not at place of death				
	Wife		Cumberland Hl				
	Married, Single or Widowed		Name of Wife or Husband				
married		Frank Purinton					
Father's Name		John Shaw		Father's Birthplace		Don't Know	
Mother's Maiden Name		Bosgome		Mother's Birthplace		Don't Know	
Name of person giving information		Frank Purinton		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis		(27)		How long
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and plate correctly given above?		Yes		Signature of Physician		Dr. Edw Harris
	Address		Cumberland		Md.		
	Accident or Suicide?		No				



Name
in
Full

CERTIFICATE OF DEATH

Mary A. Rawlings

Town

County

Died at Cumberland Allegany

MARYLAND

Date of death 1907 6 28 Age 83 Months Days

Sex Female Color or Race White Birth-place N. Va.

Occupation Home Wife Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Benjamin How L. S.

Father's Birthplace Unknown

Mother's Maiden Name

Mother's Birthplace " " "

Name of person giving information

How related to deceased Son

James H. Rawlings

CAUSES OF DEATH

(154)

Primary Informer incident to day How long

Immediate Cause Yes

Are the name, age, sex, color, date and place correctly given above?

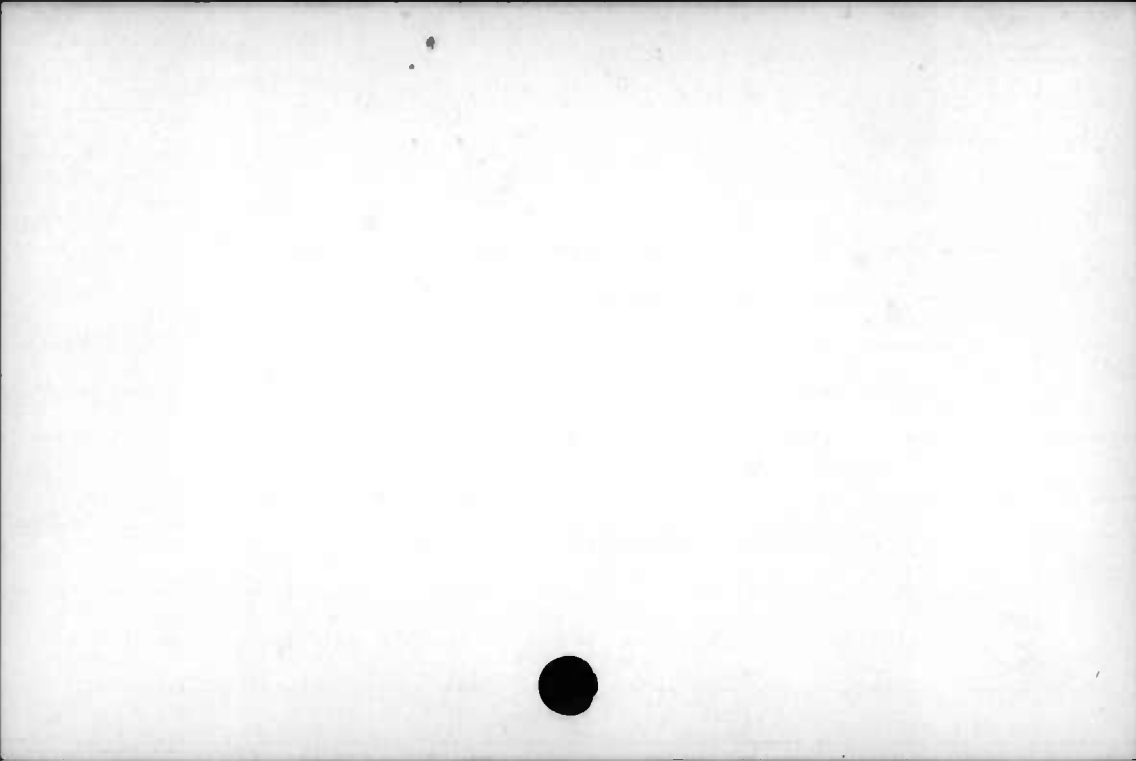
Signature of Physician

Address

H. H. New
Cumberland, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Town
Died at *Tamworth*

Date of death 1907	Month June	Day 5
------------------------------	----------------------	-----------------

Age 2 Years

Months	Days
0	0

Sex *Male*

Color or Race white

Birth-
place *Coccolalpa*

Occupation Student

Where Residing if not
at place of death *Cambridge, Mass*

Married, Single
or Widowed Single

Name of Wife or Husband _____

Father's Name Richard Russell

8

Father's Birthplace *Lumlae, N.C.*

Mother's
Maiden Name *Viola Metc*

Mother's Birthplace *Cambridge Mass*

Name of person giving information W.B. Miller

How related to deceased	Sister
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CAUSES OF DEATH

Primary Premature Birth (8)

How long _____

Immediate

How long	
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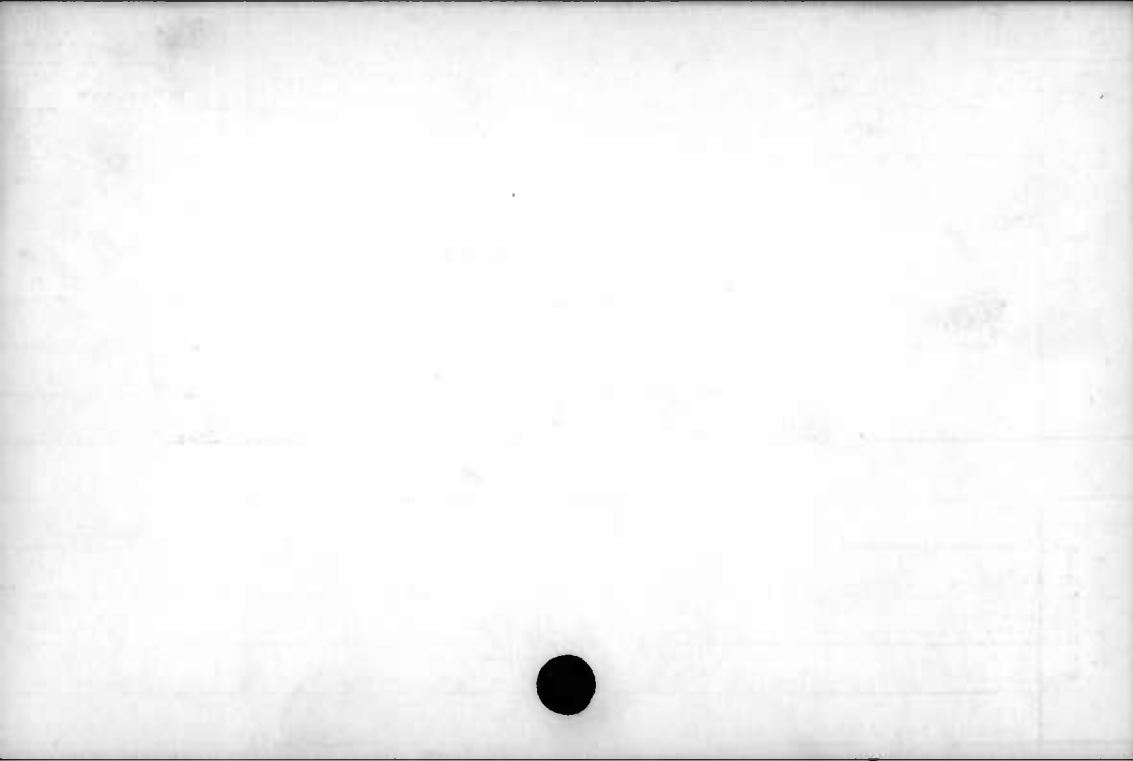
Are the name, age, sex, color, date
and place correctly given above? JS

Signature of Physician *J. Harrison*

Address *Cornwall*

Accident or Suicide?

mul



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>May Sebald</i>		Town <i>Bumb</i>		County <i>Accagany</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>11</i>		Years <i>44</i>	
Date of death <i>1907</i>		Age <i>44</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Garett Md</i>			
Occupation <i>Maid</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Francis Sebald</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>May Mattingly</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mrs James Fahy</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Bright's Disease</i>	How long	<i>6 Months</i>
	Immediate	<i>"</i>	How long	<i>" "</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thomas Korn M.D.</i>	
Address <i>Steen</i>		Address <i>—</i>		
Accident or Suicide?				

Miss Mary Selous.

sister of James Taber. 56

Roll. 2 years - Date of 10-10-

former of the ^{first} ~~first~~

2 Brothers - Dominick ^{son} of James

3 sister - Mrs. James Dorey.

Miss Mary Clara of Dorey.

Name

in
Full

Ralf Henry Sheets

CERTIFICATE OF DEATH

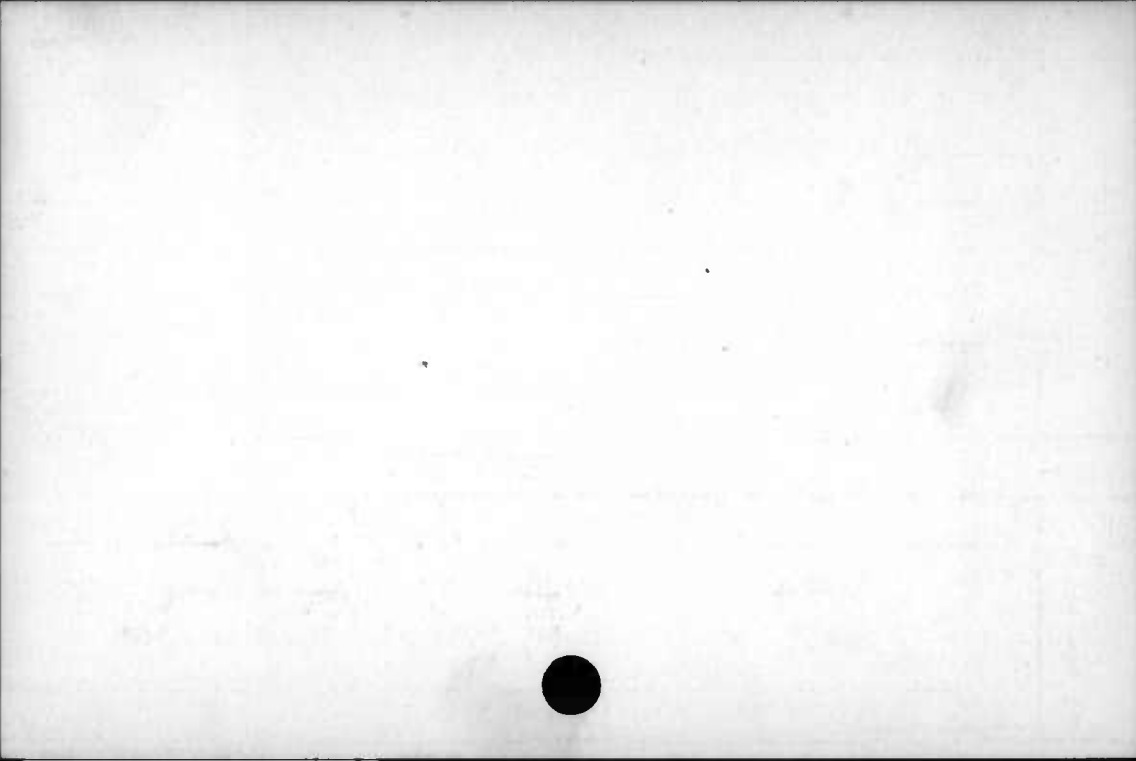
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>S. Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>19</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>S. Cumberland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Sanford Sheets</u>			Father's Birthplace <u>Na.</u>		
Mother's Maiden Name <u>Bertie Miller</u>			Mother's Birthplace <u>Na.</u>		
Name of person giving information <u>Sanford Sheets</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>2 hrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>half hr.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. L. Owens M.D.</u>	
		Address <u>Cumberland Md.</u>	
Accident or Suicide? <u>no</u>			



Name
in
Full

Thomas Perry Shriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1907		June		23	
Age		1		Years		Months	
Sex		Male		Color or Race		White	
Occupation		Birth-place		Where Residing if not at place of death		Mt-Savoy	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Henry Shriver		Und		Und	
Mother's Maiden Name		Henrietta Shriver		How related to deceased		Father	
Name of person giving information		Henry Shriver					

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	Measles & Paralysis	How long	2 days
Immediate	Heart-Failure	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. Alan G. Murray	
		Address	
		Mt-Savoy	
Accident or Suicide?		Und	



Name
in
Full

Henry E Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

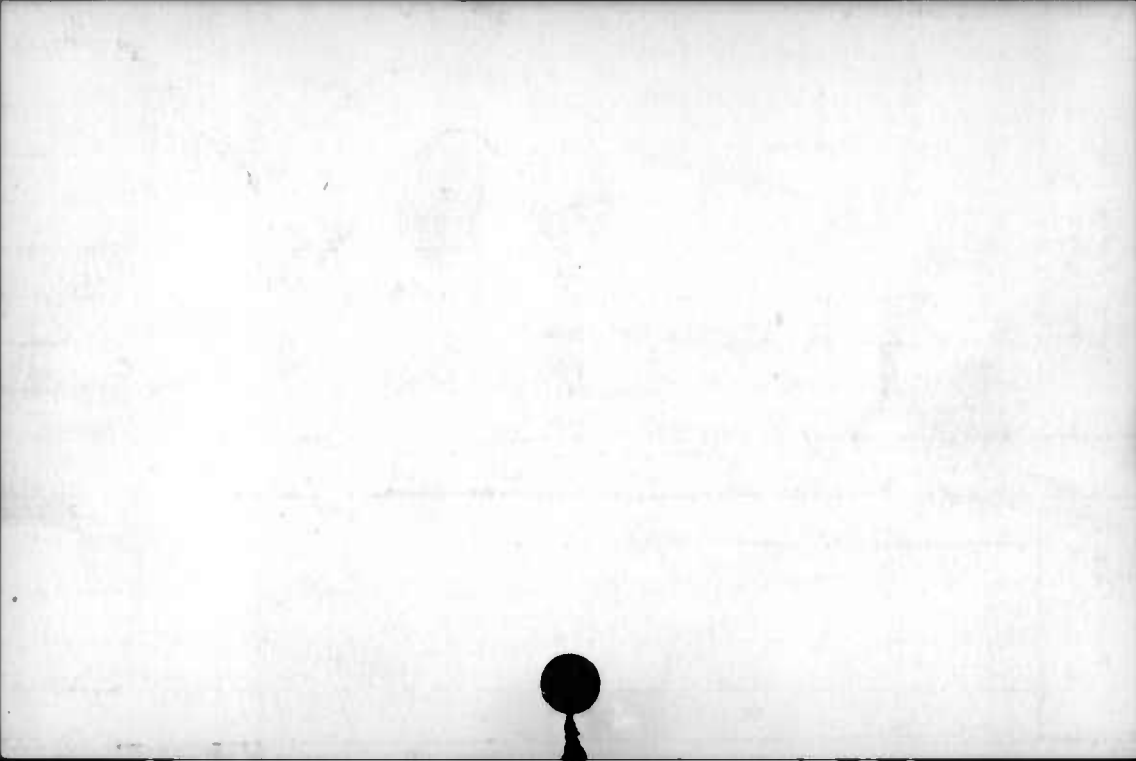
Died at <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>June</i>	Day <i>29</i>	Age <i>62</i>	Years <i>—</i> Month <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Illinois</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Rezia Smith</i>				
Father's Name <i>Jacob Smith</i>	Father's Birthplace <i>va</i>				
Mother's Maiden Name <i>Catherine Burton</i>	Mother's Birthplace <i>va</i>				
Name of person giving information <i>Humbird Smith</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

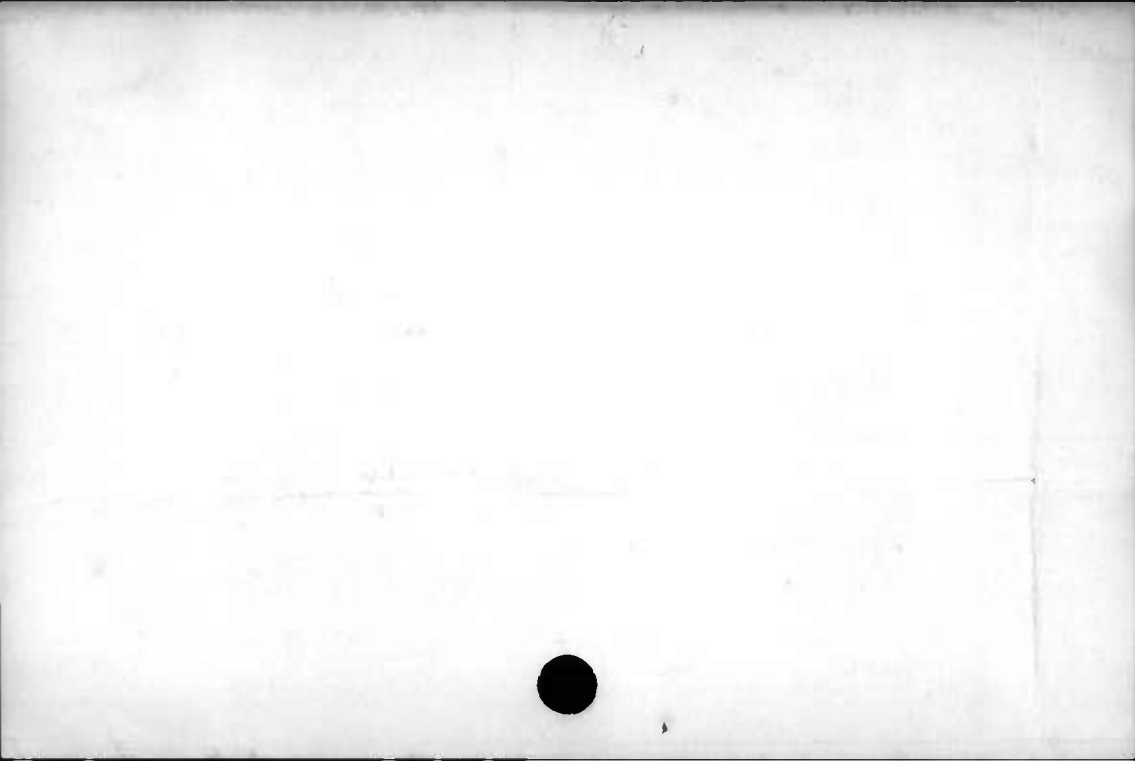
79

PHYSICIAN
OR CORONER

Primary	<i>Organic heart trouble & dropsy</i>	How long	<i>8 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>6 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr F. L. Barkdoll</i>
		Address	<i>So Cumberland Md.</i>
Accident or Suicide?	<i>No</i>		



Name in Full		Leon Sourbrine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Savage		County Alleghany		MARYLAND	
	Date of death	1907	Month June	Day 3	Age -	Years -	Months 8
	Sex	male		Color or Race	white		Birth-place
	Occupation	-		Where Residing if not at place of death		Mt Savage	
	Married, Single or Widowed	-		Name of Wife or Husband		-	
	Father's Name	Frank Sourbrine				Father's Birthplace	Mt Savage
	Mother's Maiden Name	Mary Ruby				Mother's Birthplace	Bruno Co. Pa.
	Name of person giving information	Mary Ruby				How related to deceased	Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	mal for malon - 150				How long	8 days
	Immediate	Convulsions.				How long	48 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H. W. Winters	
					Address	Mt Savage.	
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Little Orleans* ^{Town} *Allegany* ^{County}Date of death *1907* ^{Month} *June* ^{Day} *1* ^{Years} *72* ^{Months} *0* ^{Days} *22*Sex *Male* Color or Race *White* Birth-place *Virginia*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Christina ~~Sto~~ Zeigler*Father's Name *Peter Stottmeyer* Father's Birthplace *Virginia*Mother's Maiden Name *Jane Higgins* Mother's Birthplace *Virginia*Name of person giving information *Geo. W. Stottmeyer* How related to deceased *Son*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONERPrimary *Supposed to be Heart failure* *Died suddenly*Immediate *no physician or coroner attendance*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *No physician*

Address

Riley H. Gonker, J.P.

Accident or Suicide?

State Board of Health,
of Baltimore, Md.

Lydia Tharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u>		Town <u>Allegheny</u>		County <u>MARYLAND</u>	
Date of death 190 <u>7</u>	Month <u>6</u>	Day <u>17</u>	Age <u>10</u>	Years <u>10</u>	Months <u>10</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Frostburg</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>William W. Thrash</u>			Father's Birthplace <u>Penna</u>		
Mother's Maiden Name <u>Mary R. Kemp</u>			Mother's Birthplace <u>W. Va.</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>immaturity</i>	(151)	How long	_____
Immediate	<i>immaturity</i>		How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>George L. Livingston</i>	
<i>yes</i>		Address	<i>Edinburgh, N.Y.</i>	
Accident	<i>_____</i>	Suicide?	<i>no</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Allentoff

Died at *Chamberland* ^{Town} *Wilegany* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *June* ^{Day} *9* Age ^{Years} *83* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *white* Birth-place *Ireland*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Wife or Husband *Louis Toff*

Father's Name *Smith* Father's Birthplace *Ireland*

Mother's Maiden Name *Smith* Mother's Birthplace *Unknown*

Name of person giving information *Henry Toff* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *thorax* *(64)* How long *4 days*

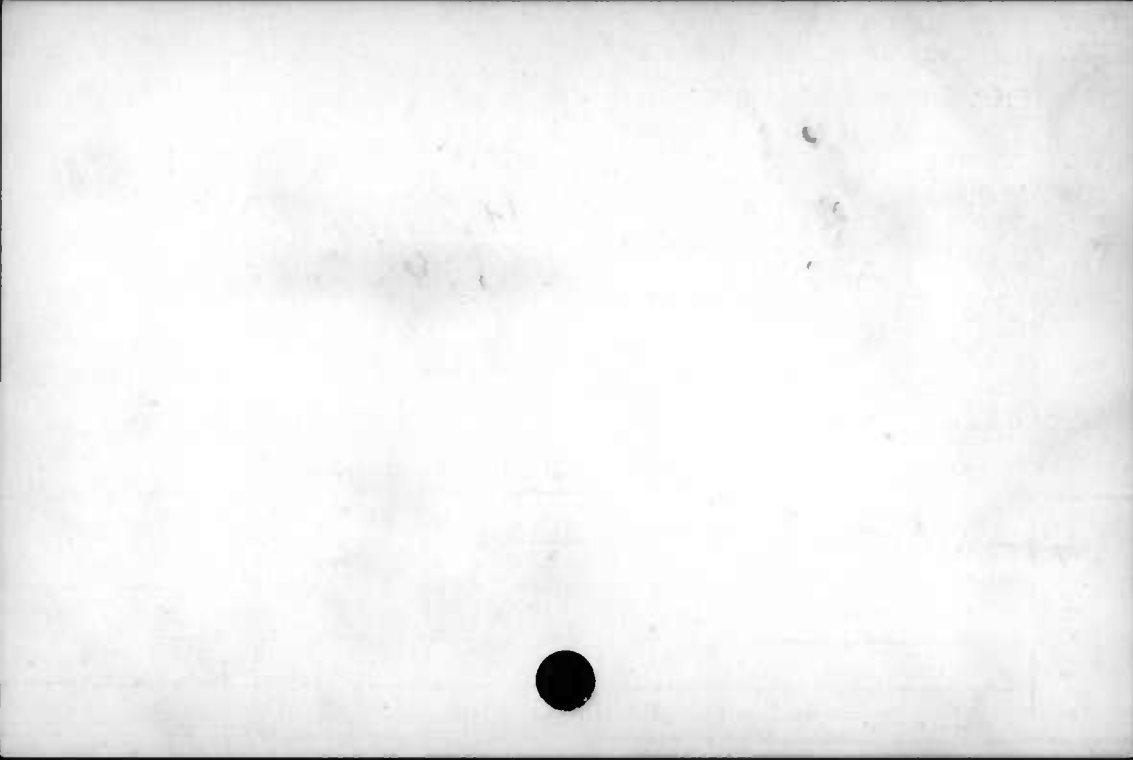
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. J. Duke*

Address *Chamberland Md*

Accident or Suicide? *—*



Name
in
Full

William Karnick.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death	1907	Month	6	Day	2
Age		70		Years	
Sex	Male	Color or Race	White	Birth place	Maryland
Occupation	Local -		Where Residing if not at place of death		
Married, Single or Widowed		Widower			
Name of Wife or Husband		Susan Karnick			
Father's Name	Thos Karnick		Father's Birthplace		
Mother's Maiden Name		Ratie xxxxx		Mother's Birthplace	
Name of person giving information		Homerich Karnick		How related to deceased	
				Son	

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary	Cancer of Colon Sigmoid Flex	How long	2 1/2.
Immediate	Intestinal obstruction	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		A. K. Hawkins	
		Address	
		Cumberland	
		Md.	
Accident or Suicide?			

Hau'ku's.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Walter Weaver

Died at Emmabland ^{Town} Alle ^{County} MARYLAND

Date of death 1907 ^{Month} June ^{Day} 6 Age — ^{Years} — ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Ind

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Walter Weaver ^(S) Father's Birthplace Pa

Mother's Maiden Name Mary Lee Mother's Birthplace Ind

Name of person giving information Walter Weaver How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

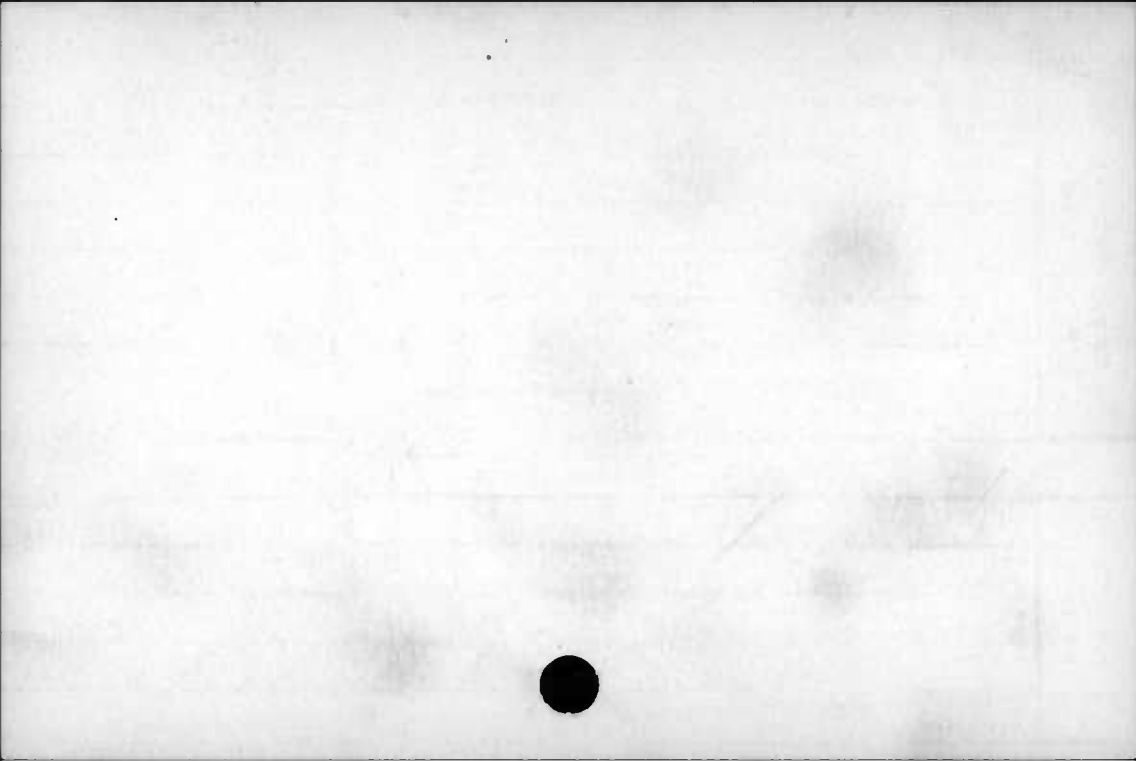
Primary — ^(S) How long —

Immediate Premature Birth How long —

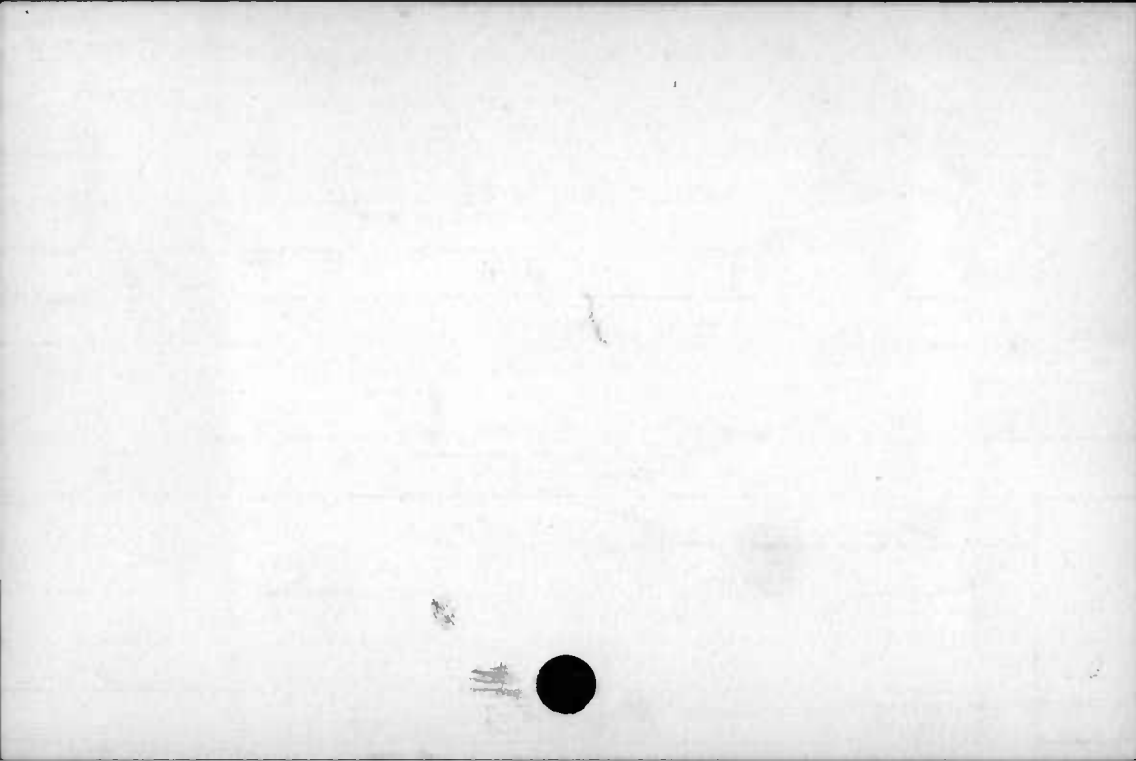
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thomas W Koon
Address Emmabland Ind

Accident or Suicide? —



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberd		Alligany		MARYLAND							
		Date of death		1907	Month	June	Day	2	Age	1	Months		Days	9	
		Sex		Female		Color or Race		White		Birth place		Cumberd			
		Occupation		none		Where Residing if not at place of death		-							
		Married, Single or Widowed		Single		Name of Wife or Husband		-							
		Father's Name		Joseph H. Weller				Father's Birthplace		Pa					
		Mother's Maiden Name		Laura Wertz				Mother's Birthplace		Pa					
Name of person giving information		Laura Weller				How related to deceased		Mother							
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary				Measles & Bronchitis.				How long		(16)			
		Immediate				Exhaustion				How long					
		Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician		Dr. Edw. Harris			
		Address				-				Address		to Cambridge Md			
		Accident or Suicide?				no									



Name
in
Full

Charles Wells

CERTIFICATE OF DEATH

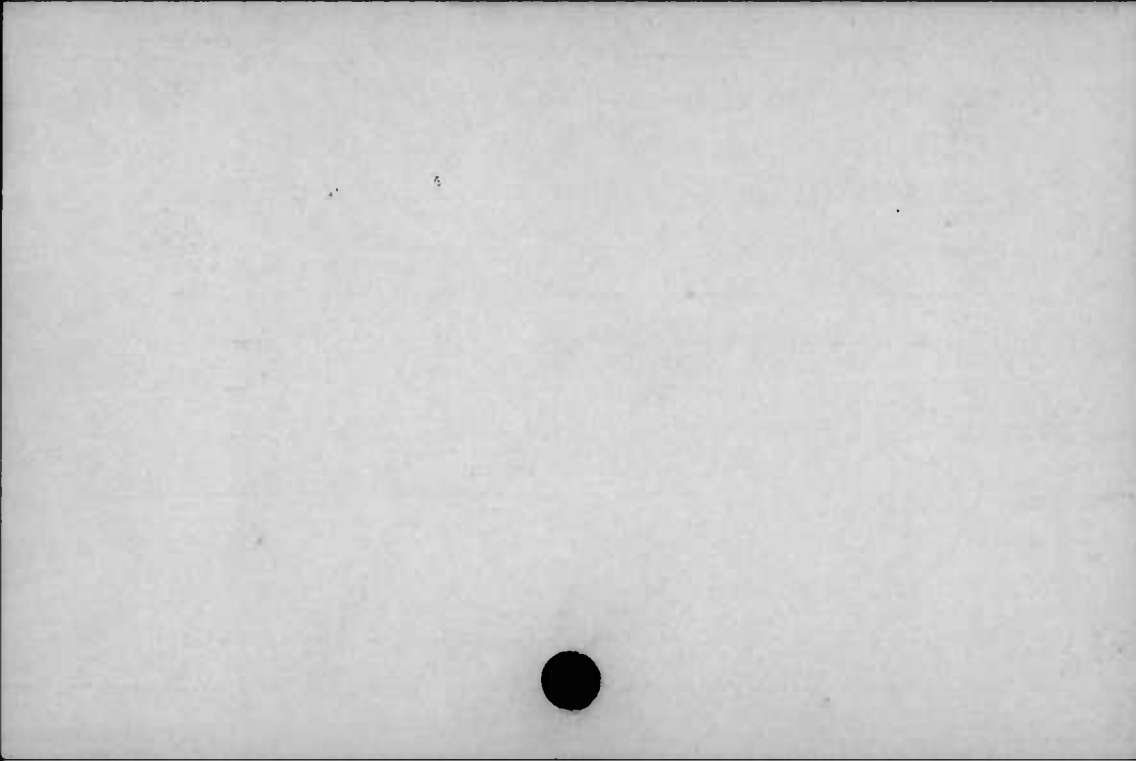
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1907	Month June	Day 1	Age Years 50	Months 5	Days 10	
Sex	Male		Color or Race	Black		Birth- place	U. S. A.
Occupation	Labourer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name or Wife or Husband	Unknown			
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exposure & alcoholism		How long	24 hours
Immediate	Shock		How long	18 hours.
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. R. Hodges M.D.
			Address	Cumberland, Md.
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westonport</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND
	Date of death <i>1907</i> ^{Month} <i>June</i> ^{Day} <i>28th</i> ^{Years} <i>42</i>	Age <i>42</i>		Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Lanarkshire Scotland</i>		
	Occupation <i>Usually a miner</i>	Where Residing if not at place of death <i>Beverlyland Md</i>			
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Was Mary Metz, dead</i>			
	Father's Name <i>William Wilson</i>	Father's Birthplace <i>Lanarkshire Scotland</i>			
	Mother's Maiden Name <i>Ellen Patterson</i>	Mother's Birthplace <i>Scotland</i>			
	Name of person giving information <i>David Wilson</i>	How related to deceased <i>Brother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>(166)</i>			How long
	Immediate	<i>Killed on Nabash Rail Road</i>			How long <i>instant</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician		
	<i>John H. Hauler, M.D., Coroner</i>		Address <i>Westonport Allegheny Co Md</i>		
	Accident or Suicide? <i>Accident</i>				



Name
in
Full

CERTIFICATE OF DEATH

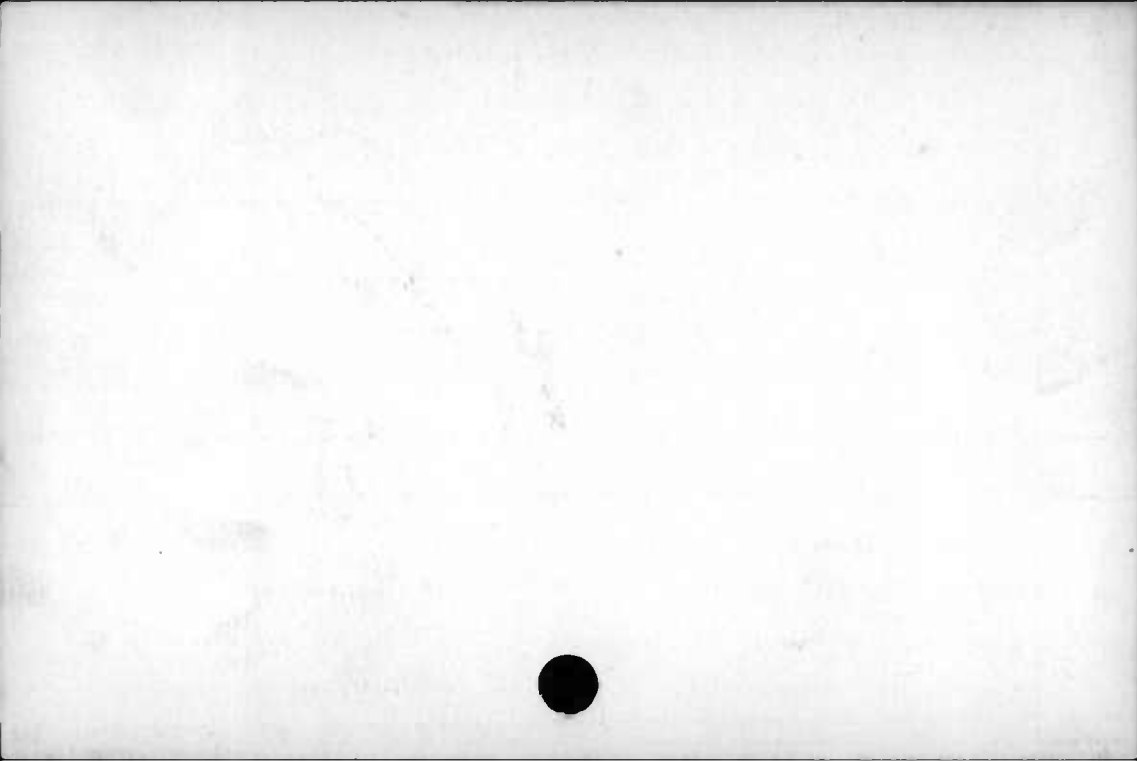
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David Winebrenner</i>		Town <i>Cum</i>		County <i>Alle</i>		State <i>MARYLAND</i>	
Died at <i>Cum</i>		Month <i>June</i>		Day <i>28</i>		Years <i>40</i>	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>28</i>		Age <i>40</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>—</i>	
Occupation <i>Fireman</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Anna Winebrenner</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thyphoid fever</i>	How long <i>4 wks.</i>
Immediate <i>Typh & Endo carditis</i>	How long <i>7 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edw. Harris.</i>
	Address <i>Cum</i>
Accident or Suicide? <i>— X —</i>	<i>Maryland.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lona</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>14</i>	Age <i>5-</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Simpson W. Va</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Young</i>		Father's Birthplace <i>Austria Hungary</i>			
Mother's Maiden Name <i>Katie Robbin</i>		Mother's Birthplace <i>Austria-Hungary</i>			
Name of person giving information <i>Mrs Thos. Lipsey</i>		How related to deceased <i>Sister -</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>4 days</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Encouring Ma-</i>
Accident or Suicide? <i>no</i>	

